

THE

# MEDICAL AND SURGICAL REPORTER.

No. 610.]

PHILADELPHIA, NOV. 7, 1868.

[VOL. XIX.—No. 19.

## ORIGINAL DEPARTMENT.

### Communications.

#### ATROPIA IN POISONING BY OPIUM.

By BENJ. B. WILSON, M. D.,

Professor of Surgery in the Woman's Medical College of Philadelphia.

For the information of those who may be called upon to treat narcotism, resulting from over-doses of opium or its preparations, I will narrate the particulars of a case of which I was cognizant, in which one quarter of a grain of atropia was administered hypodermically at a dose, not only without producing death, but with marked effect in abating the symptoms of opiate poisoning which existed at the time.

The patient had been receiving hypodermic injections of one-quarter of a grain of sulphate of morphia at intervals. Within a short period after receiving the last dose, which must have been somewhat larger than the preceding one, she became comatose, with a suffused and purple countenance, stertorous respiration, contracted pupil and complete insensibility. The stertorous breathing was strongly marked; in fact, the patient almost ceased to breathe, the intervals being lengthened out one-fourth of a minute or nearly so.

A quarter of a grain of atropia dissolved in a little water was at this time thrown into the arm with a hypodermic syringe with the following effects.

The pupils were quickly (almost instantly) fully dilated, with complete insensibility to light. The stertorous breathing ceased, and was replaced by a quick, hurried, almost gasping respiration. The face became pale and cold, the pulse hurried, jerking and feeble, running up to 160 to 170. The mus-

cular relaxation was extreme, and insensibility complete, except a slight occasional twitching of the eyelids, upon the admission of light or other stimulus; and a sucking motion of the tongue, such as is common in young infants during sleep. After an hour the face became much swollen, and the skin white, shining and almost transparent. Pretty soon the characteristic eruption of belladonna made its appearance upon the face and neck, interspersed with patches of pallid and swollen skin as before spoken of. These symptoms persisted from four o'clock in the afternoon until past midnight, before any appreciable change occurred. The first apparent improvement in the patient's condition was manifested by feeble efforts at deglutition, and by other slight voluntary muscular action. Afterward the last gradually faded, the pulse became somewhat less frequent, and the patient gradually regained her consciousness. No other untoward circumstance occurred, and she gradually convalesced from the effects of both poisons. There remained, however, a peculiar spasmodic contraction of the extensor muscles of the limbs; more marked in one leg than in the other, drawing the toes backward on the dorsum of the foot, and giving much pain and distress to the patient. A spasmodic cough, constantly recurring and very distressing, was also present. These symptoms, with a sense of numbness at the ends of the fingers and toes, and considerable dilatation of the pupils continued for several days and abated very gradually. The nervous system of the patient seemed to have received a profound impression, and a peculiar excitement and irritability of mind and disposition was manifest in a striking degree at first, and continued after all the other effects had passed away.

The only treatment used was the application of stimulants externally and by enemas. Cloths moistened with alcohol were wrapped

around the limbs and laid upon the breast of the patient, and a dessert-spoonful of brandy with an equal quantity of water was thrown into the bowl every half hour, and afterward every hour. Stimulants were afterward given internally as soon as the patient could swallow.

The practical inferences from this case are that belladonna and its preparations are safe in much larger doses than those in which we have been accustomed to administer them, at least they can be used in these large doses safely, when the system is under the influence of opium or its preparations. Secondly, the well-known antidotal properties are strongly confirmed; the symptoms of opiate narcotism, though existing in a marked degree, being in this instance promptly and efficiently abated. And thirdly, it appears evident for many reasons that atropia is the best form, and the hypodermic method the best avenue in which to administer this antidote. These reasons will be at once apparent to every physician. The action of the remedy thus administered is *immediate*, being delayed only by the short time required for its absorption, and the making the round of the circulation. It may in this way be resorted to though the patient be moribund, or even in *articulo mortis*, and with some hope on account of the promptness and efficiency of its action. It matters not that the patient is speechless, incapable of swallowing, or in fact stupid, or actively comatose, the medicine can still be easily and quickly administered, and almost immediately produces its characteristic effects, and it can be repeated from time to time until the patient gets better, or some decided symptoms are produced.

Should I be called to a case of opium poisoning, I should not hesitate to administer one-sixteenth to one-tenth of a grain of atropia hypodermically, and repeat the dose every half hour or hour, either until the patient was relieved, or symptoms of the action of the remedy were present. This together with a free evacuation of the contents of the stomach and the washing it out, will doubtless save many cases of poisoning by opium, which would under other circumstances be entirely beyond the reach of art.

#### BLOOD-LETTING IN INFLAMMATION, AS A REMEDY INJURIOUS AND OF DOUBTFUL UTILITY.

By F. H. GIBSON, M. D.,

Of Louisville, Ky.

In discussing a subject of such grave magnitude and so full of interest, it becomes necessary and obligatory, in order to arrive at a just conclusion, to examine into certain influences exerted by inflammation upon the blood—certain changes that take place in that fluid consequent upon inflammatory action—certain effects of blood-letting upon the blood—certain injurious results following thereupon—and certain phenomena or symptoms, which are made by the advocates of the lancet, indications for bleeding. According to the best evidence it has been demonstrated that the most remarkable or perceptible influence exerted by inflammation upon the blood is found to consist in developing more fibrin. This excess of fibrin is found to begin at the earliest stage of the inflammatory excitement and to decrease as the inflammation subsides. This is a natural, beneficial, healing and repairing procedure. It is but a grand and sublime exhibition of nature furnishing materials of restoration and recuperation. And as it is an established fact that the blood circulates through the capillary vessels by the agency of its fibrin, nature, ever on the lookout, sets up in this case the office of furnishing a material for that purpose, and to afford relief to the oppressed and obstructed vessels. Among the best medical observers there seems to be but one opinion in regard to the quality of the blood in inflammation, or, in other words, the change that is effected in that fluid during this process. And that opinion is, that there is a peculiar condition of the blood when that fluid is taken from the system during inflammation, and allowed to coagulate. This peculiar condition makes its appearance upon the upper surface of the blood and is called the *buffy coat*. It is said that it is not always to be found in blood of inflammation, and that it does sometimes make its appearance in non-inflammatory blood. Whether it is caused by the direct influence of inflammation upon the

blood, or a secondary consequence of inflammatory action dependent upon defective innervation is still a disputable question. I am of the opinion that the condition of the nervous system exercises a marked influence in the premises. This peculiar appearance, or buffy coat, is by the advocates of the lancet made an indication for bleeding. But unfortunately the remedy has first to be employed before the indication for its use is manifested. And then it is not always found. It is an unsafe and unreliable doctrine. It is like cutting off a man's leg and afterward ascertaining the indication for the operation. The experiment is as reasonable in one case as in the other. In one case an important organ is lost merely to see if there is an indication for the proceeding by which this organ is lost. In the other case a vital fluid containing elements essential to life, and for repairing and replenishing the different organs of the body, is abstracted merely to find an indication for the abstraction.

I have already stated that the increase of fibrin is a wise and beneficial operation in inflammation. It facilitates the movement of the blood in the capillaries, and those vessels being oppressed and obstructed, nature responds to their wants in furnishing this element. As demonstrated by facts, blood-letting destroys the relative proportions of the blood, that is, it lessens the fibrin and increases the serum. Consequently, then, by the use of the lancet we abstract from the blood a material necessary for repair, upset and interfere with the kind office of nature, block up the avenues of circulation, and produce the consequences of effusion, etc. In fact, we render the blood non-coagulable. The coagulation of that fluid is essential to life. But it cannot coagulate without its due proportion of fibrin.

Another indication that calls for bleeding, so say the advocates of the lancet, is a sharp, full, firm, and bounding pulse. But upon investigation, it will be found a doubtful guide. This same pulse is found under other circumstances, in cases in which the loss of blood would be detrimental. We find it conspicuous in cases after reaction after great loss of blood,

and most assuredly, under such circumstances, the advocates of the lancet would not abstract blood. But why not? According to their theory, this is the indication calling loudly upon them. The remedy, they say, is beneficial in the first stage of inflammation only. But we often find in that stage one important indication wanting, and in the advanced stages manifesting itself. These indications are doubtful and unworthy of any confidence. The effect of blood-letting in reducing inflammation is not permanent. It is true, the abstraction of blood does afford a temporary relief to the engorgement, but this is done to the detriment of the capillary circulation, and the result is an impoverished condition of the blood, and a greater tendency to effusion, etc. The relief is only temporary, and the injurious consequences that follow, more than counterbalance the benefit. The testimony of the supporters of the doctrine is sufficient to render the remedy doubtful. They clothe the remedy with so many restrictions, circumstances, and conditions adverse to its employment, that one is almost ready, without additional evidence, to acknowledge it worthless.

The facts and evidence bearing upon the case all tend to show its positive unfitness as a remedy in inflammation.

---

#### PUERPERAL CONVULSIONS.

By L. S. BLACKWELL, M.D.,  
Of Pennington, N. J.

---

As so little has been written respecting this frightful concomitant of the pregnant condition and "lying-in room," and its nature is imperfectly understood, the following case may not only prove interesting to the readers of the *REPORTER*, but may elicit some suggestions concerning its nature which will tend to lessen the great fatality of this disease.

Mrs. Louisa J——, aged 27 years, a primipara in the seventh month of pregnancy, called at my office Oct. 17th, 1868, for the purpose of obtaining medical treatment for the anaemia which existed in her face and lower extremities. During the whole period of her gestation, *none* of the ordinary signs of gesta-

tion had manifested themselves. Her physical development was spare, and the skin presented a sallow appearance. Independently of this condition, there existed no evidence of morbid action.

With the view of increasing the function of the kidneys, I prescribed the bi-tartrate of potassa with an infusion of juniper berries, to be given three times a day.

Her mother, fearing that abortion might be announced by the occurrence of soreness and a dull aching pain at the inferior angles of the scapula, sent for me in the evening. On my arrival, I found that immediately after getting in the carriage in the morning, she had experienced a sensation of nausea. The nausea and pain were attributed to over-exertion. For these symptoms I prescribed tincture of opium and comp. lin. of ammonia to be applied locally. Fearing the presence of albumen in the urine, and urea in the blood, I requested her mother to furnish me with a specimen of the urinary excretion.

At 3, A. M., of the following day, she was reported in a dying condition, and I was again invited to visit her. On my arrival, a scene of grief and intense excitement presented itself. Her mother informed me she had had "two fits," and I was immediately summoned to her chamber, to behold my patient in the throes of puerperal convulsions. There was opisthotonus, frightful contortions of the face, foaming at the mouth, and the tongue and lower lip were badly bitten, while the upper extremities were tossed about in a rigid condition. Her feet were immediately placed in a bucket of hot water, succeeded by sinapisms to the extremities. After the paroxysm had subsided, the patient said she "felt so sick," and lapsed into a stupor. As she was unable to swallow, I introduced into the areolar tissue, by means of a hypodermic syringe, one-third of a grain of the sulphate of morphia, and repeated it until a grain had been given in this way, but no beneficial effects were observed. As there was no return to consciousness, we failed to give anything per orem, except *colchicum*, prescribed for the purpose of increasing the amount of urea in the urine. At the same time we gave per

rectum, in five consecutive doses, five drachms of bromide of potassium. This also failed to ameliorate the symptoms, the convulsions continuing at intervals until 3 o'clock, A. M., of the next day. The stupor had now merged into coma, and the patient was in a profuse perspiration with cold extremities.

The foetus was dead, but there was no evidence of labor, the os uteri remaining contracted. She lay in this condition until 3 o'clock, when death closed the scene.

After my return, I examined the urine, and found a *large amount* of albumen precipitated by the addition of nitric acid and the application of heat.

According to the views of FRIERICH, convulsions are not the result of uremia, but are due to the presence of carbonate of ammonia in the blood, developed by the action of some fermenting material on the urea. If these views be correct, the administration of the sulphites, according to the hypothesis of Prof. POLLI, of Italy, should be productive of beneficial results, and divest the puerperal condition of some of its repulsive incidents.

---

#### UTERINE HEMORRHAGE CONTINUED BY TAMPONNEMENT.

By H. P. AYRES, M. D.,  
Of Fort Wayne, Indiana.

---

The patient is thirty-two years old; tall, slightly built, cheerful, happy, hopeful and confident, characteristics essential to a good patient. She has given birth to five children and had two abortions. The abortion previous to the one under consideration, was attended with a profuse hemorrhage, and followed by a protracted sickness and slow recovery; thus leaving the system delicate and impulsive to sickness. Gestation had advanced three months when the present difficulty occurred. She had for several days symptomatic pains, but a few hours' rest quieted them, and she continued her usual household duties.

When the labor came on, the miscarriage was soon completed, the foetus, or embryo, and placenta passing away without difficulty,

but was immediately followed by a profuse hemorrhage. The nurse, who was the only person present, used a bandage and cold water applications, which to some extent controlled the hemorrhage. I saw her as soon as I could reach her home, three miles from town. She was much prostrated from the loss of blood, her pulse thready, and extremities cold. I immediately applied the tampon, using in the first place two or three strips of linen, which were introduced deeply into the vagina, followed by one of larger dimensions and used in sufficient quantity to fill the vagina. After applying a bandage and ordering a proper amount of whiskey-punch to nourish her, I left the patient.

I have frequently adjusted the tampon, and entrusted its removal to the nurse, but have never before experienced any inconvenience from such a course. In the present case I ordered its removal in twenty hours. After the removal there was no hemorrhage for three days, then it reappeared and gradually increased until the ninth day, when the flooding returned in full force. As soon as possible the tampon was applied, saturated with tannic acid. Wine of ergot, gallic acid, and acet. morphine were ordered.

I promised to return in the evening. The hemorrhage was slightly continuous through the former part of the day. I visited the patient about four o'clock in the afternoon, found the hemorrhage severe, and my patient rapidly running down. Her countenance anxious, eyes restless, sunken and cadaverous, extremities cold, and manifest subsultus tenditum. I could not account for the flooding; the tampon had been carefully applied, and I found it perfectly adjusted. I determined to remove the tampon and ascertain more satisfactorily the condition of the womb; a course, which, in the majority of cases, would be wrong. In this case, probably, the usual and most prudent efforts had been made without success, hence the examination. After removing the tampon of the morning, I found a hard round body, deeply imbedded in the pouch, or reflection, formed by the vagina running above the pouting or projection of the os uteri. The cervix uteri had by the

pressure of the ball been thrown forward, thus permitting it to be so far covered by the vaginal tissues, that only one-third was perceptible to the touch. The ball was with some difficulty removed by the finger, and found to be one of the pieces of linen introduced nine days before. From the mouth of the womb projected another hard body about three-fourths of an inch in diameter and in some way so tightly agglutinated, or held by the womb, that I could not remove it with the fingers alone. This was another piece of linen introduced at the first hemorrhage nine days before. Both pieces of cloth had become very hard, and exceedingly offensive. How one of the pieces of cloth was formed in a ball shape and became imbedded in the tissues of the vagina; how the other became cylindrical, and fastened in the cavity of the womb, I can not give any explanation; such are the facts, and I am satisfied the presence of the one in the womb was the cause of the second hemorrhage. So fully was I satisfied in the case, that I had no further apprehension of flooding. The womb and vagina were syringed with water, washing away all coagula, afterward with a solution of tannic acid. The patient used whiskey-punch, and nourishing diet ad libitum. Her extreme prostration and anæmic condition rendered her recovery slow, but she is at present well.

---

#### Insect Ventilation.

An English gentleman lately took a small wasp's nest, about the size of an apple, and, after stupefying its inmates, placed it in a large case inside of his house, leaving an opening for egress through the wall. Here the nest was enlarged to a foot in diameter, holding thousands of wasps. Here he was able to watch their movements, and noted one new fact—namely, their systematic attention to ventilation. In hot weather from four to six wasps were continually stationed at the hole of egress; and, while leaving space for entrance or exit, created a steady current of fresh air by the exceedingly rapid motion of their wings. After a long course of this vigorous exercise, the ventilators were relieved by other wasps. During cooler weather only two wasps at a time were usually thus engaged.

## Hospital Reports.

JEFFERSON MEDICAL COLLEGE, }  
Philad., Sept. 9th, 1868. }

SURGICAL CLINIC OF S. W. GROSS, M. D

Reported by Dr. Napheys.

### False Circumscribed Carotid Aneurism.

Eliza H., set. 25, colored woman. This is a case of great practical interest, and one that does not often fall under observation. The patient came to Dr. Gross' office about the first of July on account of a tumor, of the size of a double fist, on the right side of the neck and face, following a gun shot wound received nine months previously. He immediately recognized it as an aneurism.

Aneurisms may be true or false. By a true aneurism is meant a tumor into the formation of which some of the coats of the vessel itself enter. By a false aneurism, on the contrary, is meant a tumor into the formation of which none of the coats of the artery enter. This is a case of false aneurism. False aneurisms are sometimes said to be diffused. If, for instance, when this woman received the pistol shot, the carotid artery had been wounded at the time, and the opening in the integuments had not corresponded with the opening in the artery, the blood would have been diffused into the surrounding cellular tissue. Properly such an accident should not be called an aneurism; it is nothing more than a subcutaneous effusion of arterial blood. If, however, instead of the blood becoming diffused into the surrounding tissues, forming a large, soft, swelling, this blood becomes circumscribed, contained in a distinct sac, then the term false circumscribed aneurism is applied. By the term consecutive is meant that the aneurism formed at some remote period from the injury. This tumor is then a false, circumscribed, consecutive aneurism.

About nine months ago this patient received a pistol wound, two small balls entering the right side of the neck. One of the missiles was removed from the ear, it having penetrated just below and behind the angle of the jaw. The second entered opposite the upper border of the thyroid cartilage, and ranged downward toward the subclavian triangle, where it still remains. At the time of the reception of these injuries there was profuse venous hemorrhage from the lower wound, which was supposed to come from the internal jugular vein. This was checked by firm compression, under which the orifice made by the ball healed in one week. Three months ago, or six months after the reception of the origi-

nal injury, a small tumor was first observed just above the bifurcation of the primitive carotid artery, which rapidly increased in size until, on the first of July last, it measured transversely eight inches, and from above downwards five, forming an immense tumor, which was larger posteriorly than anteriorly, elevating the lobe of the ear, and resting on the mastoid process, extending over on to the face nearly as high as the zygoma, and as far forward as to within an inch and a half of the mental symphysis. She could open her mouth only the extent of a quarter of an inch. It was soft, elastic, and of an indefinable shape, the seat of tremulous pulsation, and, on auscultation, of a buzzing or purring sound. It was distinctly lobulated and quite soft at some points, particularly at the anterior limit where it would apparently have bursted in two weeks. She was then advanced four months in pregnancy. Since the infliction of the injury she had had constant and severe pain referred to the shoulder joint, but after the appearance of the aneurism a considerable amount of pain was felt in the tumor itself, which was readily relieved by pressure upon the common carotid.

The pistol ball struck the external carotid artery somewhere about the origin of the facial, but on account of the resiliency of the artery, the ball bounded away from the vessel, and inflammation set in, which was followed by a distinct slough of its walls. So soon as this slough separated, blood began to be poured out into the areolar tissue beneath the deep fascia of the neck, and into the intermuscular septa, pushing the larynx and trachea to the left side. This tumor stretched the superficial cervical plexus of nerves, on which account she complained of pain about the shoulder. In addition to this, the sterno-cleido muscle was pushed to one side, became withered, indicating fatty degeneration, and thus indirectly gave rise to torticollis. If the opening of the wound had not closed, the arterial blood would have escaped, and if no assistance had been at hand, the woman might have bled to death. But on account of the orifice having healed, the blood found its way into the surrounding connective tissue which became condensed and thickened by deposits of forming at length a distinct cyst. If no sac had lymph, formed, there would have been simply a subcutaneous effusion of blood, giving rise to the so-called diffused aneurism.

When this woman made her appearance at Dr. Gross' office he desired to get rid of the tumor, not only to prevent its bursting, but also that she

might complete her pregnancy in safety. On the morning of the 6th of July he performed an operation for its relief.

When an artery is the seat of traumatic injury which occasions a false aneurism, the proper treatment is to lay open the sac, and secure both ends of the vessel. This is the old operation practised by ANTYLLUS, which was in vogue prior to the Hunterian operation for the cure of aneurism. Dr. Gross did not entertain the idea of cutting into the tumor for two reasons. One of them was, that the Hunterian operation, which is resorted to for the cure of a true aneurism, and consists in taking up the artery on the cardiac side, thereby cutting off the supply of blood, and favoring the deposition of fibrin and coagula in the sac, has met with an unusual amount of success, and the results, in cases of circumscribed false aneurism, have been as good as in cases of true aneurism. The old operation has, however, been performed by Mr. SYME, of Edinburgh, in an instance of false aneurism of the carotid artery, at the root of the neck, produced by a stab with a knife, which was threatening to burst. In the hands of a surgeon of such consummate skill as Mr. SYME, this operation is perfectly justifiable and eminently proper; but in less dexterous hands it cannot be generally recommended. There was another objection to performing the old operation in this case, because the tumor was an immense one, filled up by lamellæ of fibrin, which would have left a large cavity to be obliterated by the granulating process. This would have required time, and would have been attended with profuse suppuration.

On the 6th of July, the patient was placed under chloroform, and a ligature applied to the common carotid just where it emerges from under the omohyoïd muscle. When she came from under the influence of the chloroform, there was no pain, pulsation, nor buzzing sound in the tumor. The tumor, from having been eight inches in its transverse diameter, is now not more than three and a half; it has diminished two-thirds, and is growing smaller and smaller every day. At the expiration of three or four months, it will be reduced to the size of an English walnut.

Forty-eight hours after the operation, slight pulsation again appeared in the tumor, due to the redundant collateral circulation. The collateral vessels, in this case, were enlarged, on account of the disease being of so long standing. But during the forty-eight hours much had been accomplished; the greater portion of the blood in the tumor had become coagulated, and laminæ

of fibrin had been deposited. The pulsations continued for five days. For the first two days they were not strong, but on the third day they were very marked, and the patient complained of a return of the pain at the shoulder. After that day, they began to diminish until the fifth day, when they disappeared entirely, and the suffering ceased. The ligature came away on the sixteenth day.

#### Cystic Tumor of the Ham.

Wm. T., æt. 22, colored. This patient has a tumor occupying the inner side of the left popliteal region. It is about three inches in length, and one and a half in diameter. In the diagnosis of tumors of the ham, the limb must be placed in different positions. When the leg is flexed in this case, there is no swelling visible, there being merely a puffy feel of the part; when it is extended, an elastic, tense, circumscribed, prominent, oblong tumor is observed, which is the seat of distinct fluctuation. There is no pain, no pulsation, no discoloration of the integuments, nor are there any constitutional symptoms. All of these signs point to dropsy of one of the normal synovial bursæ, and not to chronic abscess, lipoma, aneurism, malignant disease, or neuroma, any of which affections may occur in this region. The tumor was first detected four or five months ago, and is, therefore, of comparatively slow growth. It does not interfere with progression.

This is a case of dropsy of one of the synovial cysts or synovial bursæ about the tendons of the ham. In the natural condition, these sacs contain no fluid at all, their inner surface being merely moistened by a serous exhalation, but under sub-acute inflammation, the contents increase, constituting dropsy of the cyst. These sacs are connected with the tendons of the muscles of the ham, being interspersed between each other and the deeper structures, in order that they may move the more readily one upon the other. On the inner side of the knee-joint there are three normal synovial bursæ. The first is seated between the inner head of the gastrocnemius muscle and the femur, sending a prolongation between this muscle and the semimembranosus, and occasionally communicates with the synovial membrane of the joint. The second is interposed between the tendon of the semimembranosus muscle and its insertion into the head of the tibia; while the third lies between the tendons of the semimembranosus and semitendinosus muscles. On the outer side of the articulation there are also three cysts, the first lying behind the tendon of the popliteus muscle; the second, beneath the tendon of the external head of the gastrocne-

mus, and the third, beneath the tendon of the biceps near its insertion.

The cyst affected in this, as in the great majority of instances, is the one situated immediately underneath the inner head of the gastrocnemius muscle and its prolongation between the semimembranosus and internal head of the gastrocnemius.

The treatment of this encysted tumor is the same as that of hydrocele, the object of treatment being to excite inflammation, by which the sac may become obliterated.

The exploring needle was introduced, when a watery, unctuous fluid escaped, thereby confirming the diagnosis. A few silk threads were then inserted; the threads to be allowed to remain until a sufficient amount of inflammation shall have been provoked to insure obliteration of the sac. This method of treatment is to be preferred to the injection of tincture of iodine, as the cyst often communicates with the joint. Absolute rest of the limb was enjoined.

## Medical Societies.

### VERMONT MEDICAL SOCIETY.

The Vermont Medical Society held its annual session at Montpelier Oct. 14 and 15, 1868. The forenoon of the first day was passed in the transaction of miscellaneous business, reading of minutes, presentation of delegates from other societies, revision of constitution and by-laws.

The following preamble and resolutions were presented and adopted:

*Whereas*, The practice of using alcoholic drinks as a beverage yet prevails extensively among the people, and does not seem to be controlled by any system of pledge-taking in vogue, or by the punitive and prohibitory legislation on our statute books;

*And whereas*, It belongs more especially to the physician to investigate the causes of this fearful practice, so far as they may exist in the human constitution, in professional usage, or common custom, and to recommend the adoption of such sanitary regulations as shall tend to prevent or palliate the evil effects of this terrible scourge; therefore,

*Resolved*, That a committee of three be appointed, whose duty it shall be to report at the annual meeting of the Society, on the medical, social, and civil aspects of intoxication by alcohol, and our duty as physicians in the premises, together with such suggestions as they may deem proper to be adopted by the Legislature of this State, to arrest the prevalent evil.

The Committee were constituted as follows: Drs. Butler, Sperry, and Bullard.

During the afternoon a letter was read from Dr. J. H. HARLOW, covering photographs of the skull of Mr. Gage, who was impaled at Cavanish, Sept. 13, 1848, by the premature explosion of a blast; propelling a tamping iron through the head. He fully recovered from the injury, and died in San Francisco, California, May 21, 1861. The iron was three feet seven inches long, one and one-fourth inches in diameter, and weighs 13½ pounds. Mr. Gage had the iron on which he was impaled, engraved with his name, day and date of the accident, and carried it with him to his death. The skull and iron are deposited in the museum of the Medical College of Harvard University. Dr. BUTLER presented details of a peculiar case of nervo-muscular prostration, one of cyanosis or blue disease, and one of long continued vomiting.

At 4 P. M., the Society listened to the annual address from the President, Dr. C. P. Frost, of Brattleboro. His subject was, "The Past and Present in Medical Science," in which he rapidly reviewed the past in medicine, and contrasted it with the present rapid progress of the science.

At the opening session of Thursday, the following persons were elected officers for the year ensuing:

*President*—J. S. RICHMOND, M. D., of Woodstock.

*Vice-President*—J. H. HAMILTON, M. D., of Richford.

*Secretary*—L. C. BUTLER, M. D., of Essex.

*Treasurer*—J. E. MACOMBER, M. D., of Montpelier.

*Auditor*—C. M. CHANDLER, M. D., Montpelier.

On motion of Dr. RICHMOND, the following persons were appointed committees on the subjects named, to report at the next annual meeting:

On *Fractures*, Dr. S. W. THAYER, of Burlington.

On *Uses and Abuses of Speculum*, Dr. A. T. WOODWARD, of Brandon.

On *Uses and Abuses of Opium*, Dr. C. P. Frost, of Brattleboro.

On *New Remedial Agents*, Dr. L. C. BUTLER, of Essex.

The following persons were elected Honorary Members of the Society: ASHBEL WOODWARD, M. D., of Connecticut, WALTER BURNHAM, M. D., of Massachusetts, HIRAM CORLISS, M. D., of New York, G. P. CONN, M. D., of New Hampshire.

An obituary notice of Dr. A. A. Atwood, of Sharon, was presented by Dr. PHELPS, of Barnard.

The place of the next semi-annual meeting was fixed at Brandon, on the first Wednesday and Thursday of June, 1869.

## EDITORIAL DEPARTMENT.

## Periscope.

## Ergot of Rye in Neuralgia.

Dr. WOAKES of London read the following article in the medical Lecture at the British Medical Association last August, and it contains some valuable suggestions.

"In the October number of the *Journal of Cutaneous Medicine* for 1867, I published a paper on the Correlation of Neuralgia to Skin-Rash, believing that the consideration of some of the typical forms of this association of symptoms, in which the phenomena are to a certain extent exposed to accurate observation, would tend to throw light on the more obscure, though perhaps more frequently occurring, forms of neuralgia. One inference arrived at was, that the rash, when present in neurotic disease, can be accounted for only by a reference to the structural anatomy of the parts involved in the lesion; while the uncertain fact of its occurrence was inferred to depend upon the nature and intensity of the exciting cause of the attack. In other words, the rash was looked upon as complementary of the pain, but having the important distinction, that, being a tangible symptom, whose causation could be traced, it suggested a clue whereby to unravel its more obscure and more formidable congener, the pain.

In order to make these remarks intelligible, I will, with your permission, briefly recapitulate so much of the theory as is necessary to show the connection between it and the treatment now proposed, which results as a direct corollary from it.

A comparison of the neuralgic and eruptive phenomena which occur when a nerve is wounded, with the corresponding symptoms exhibited in purely idiopathic cases of nerve-lesion, showed so close an approximation as to permit of their being regarded, for all practical purposes, as identical. The theory developed from this parallism of symptoms was this:—The results being similar in both the traumatic and idiopathic classes, the causation in each group of cases, though differing in respect of intensity, operates through the same anatomical channels, and induces the same physiological phenomena in both.

In the traumatic instances, the symptoms were shown to be manifestly due to the paralyzing influence of the injury or shock upon the fibres of the sympathetic system of nerves ac-

companying the *arteries* in their distribution to the *skin* and the *sentient nerves*; and the resulting symptoms were found to be in accordance with the physiological sequence of such palsy.

In the other instance, that of idiopathic neuralgia associated with skin-rash, of which shingles may be taken as the type, the same theory of shock inducing palsy of the sympathetic fibres supplying the affected tissues was cited to explain the attendant phenomena. The sympathetic nerve-fibres accompanying, say, an intercostal artery, are lost in the direction of the skin, on the minute divisions of the artery supplying its ultimate structure. When these nerve-fibres are paralyzed from any cause, their function of regulating the calibre of the vessels will be withdrawn. Passive congestion of these vessels, and consequent effusion of liquor sanguinis, are the physiological consequences of this nerve-palsy. Tracing such an effusion in a cuticular papilla, there will be found, in the first place, a corresponding elevation of the cuticle covering it, which gradually gains the character of a true vesicle as the effusion increases, until in this manner a spot of herpes is produced. Following out the track of this anatomical clue, we are led to an explanation of the pain—the neuralgia—so often associated with shingles. The same artery which supplies the affected spot of skin, sends also nutrient vessels of the neighboring sentient nerves, which *vasi nervorum* are furnished with regulating sympathetic fibres continuous with those proceeding to the cutaneous arterial twigs. These *vasi nervorum* will, therefore, acknowledge the same impressions, and manifest the same behavior under them, as do the minute vessels of the skin when under the influence of shock, as just now described. Consequently, there will ensue, synchronously with the corresponding skin-phenomena, a state of dilatation of these vessels, and exudation from them of watery elements between the fibrillæ of the nerve; and, being confined in this locality by the fibrous sheath of the nerve, a mechanical stretching and compression of its constituent sensory fibres ensue, resulting, as might be expected, in the acute pain so characteristic of neuralgia.

It will be impossible here to repeat the entire argument on which these conclusions are based, and I must content myself by referring any one interested in the matter to the paper from which I have quoted. That shock of the kind alluded to is the proximate cause of shingles, is borne out by many examples, but by none more strikingly than one which recently came to my knowledge.

A single young woman, aged about 20, wore through one day, and at the cost of much suffering, a pair of stays considerably too small for her. In the course of three or four days, an attack of shingles supervened. Of course, it is not implied that the shock does in all cases assume the palpable form just mentioned; draughts of cold air, and other more subtle influences, being frequently the starting-point in the disease: The application of this theory is, *mutatis mutandis*, coextensive with the wide range of neuralgic affections; and its soundness may be tested by its capability, in the first place, of suggesting an explanation of successful though purely empirical modes of treatment, and, in the second place, of originating new and more precise methods of cure.

In treating the pain remaining after a simple case of shingles, therefore—and the remark applies to all uncomplicated forms of neuralgia—the chief indication is to restore the tone of the vessels, withdrawn through the paralysing influence of the shock on the nerves controlling them. In other words, we have to induce in the sympathetic fibres concerned a return to their normal function of regulating the circulation through the small arteries and capillaries. This equilibrium being once restored, we may confidently expect the disappearance of the effused fluid from its disturbing situation amongst the fibrilla of the sentient nerves.

The drugs hitherto found useful in the simple forms of neuralgia, the pathology of which I have so inadequately attempted to indicate, may, I believe, have their *modus operandi* traced to their influence upon the sympathetic nerves, through the medium of which they restore the suspended tone of the remote arterial circulation. To the list of these, foremost amongst which is belladonna, I would now suggest that there should be added the *ergot of rye*—basing the recommendation upon the experience of the following cases.

My attention was first drawn to this drug, as of probable use in nervo-therapeutics, from observing its power of controlling the haemorrhage in a case of haemoptysis—showing that the range of its operation on the vascular system is by no means limited to that part of it represented by the uterine vessels. It seemed equally clear that its effect in this respect was mediated by ganglionic nerves; and, therefore, that it was exactly adapted for exerting a remedial effect over the pathological condition of neuralgia depicted in my theory. Examples might have been added where great benefit accrued from a combination

of the ergot with other remedies adapted to the case; but those only are reported where the drug was administered *per se*.

**CASE I.** *Shingles*.—M. M., a single female, aged 22, of sallow complexion. The catamenia had been absent six months. She had had headache six weeks; and sharp pain in the right side of the chest one week, after which an herpetic rash appeared beneath the right breast, extending backwards on this side to the spine. At this time (February 10th, 1868), there was also a sharp neuralgic pain (besides that below the breast) in the second right intercostal space. The bowels were confined. I ordered her an ounce of *mistura alba* three times a day. On February 12th, she was no better. The rash was extending on the same side. The pain was very severe under the right breast. Her person exhaled a peculiar pungent odor. On February 15th, she was in about the same condition, and was ordered to take fifteen minimis of liquid extract of ergot in an ounce of water every four hours. On February 17th, she stated that the pain was very much better since taking the medicine. She passed a great deal of urine. On February 19th, the pain in the side was worse. The ergot was increased to forty minimis. On February 21st, she had been almost free from pain since the last date. She said her sight was very dim. The pupils were dilated. She was ordered to discontinue the ergot and take twenty minimis of solution of sesquichloride of iron in water three times a day. On February 24th, the catamenia returned. The odor was gone. She felt quite well, and had no pain. On February 29th, she experienced a slight relapse of pain, with great weakness. She was ordered to discontinue the steel, and to return to the ergot, a very few twenty-minim doses of which completely cured her.

**Remarks.**—This instructive case points throughout to some lesions of the nervous system as the root of the malady. The pungent sweats are specially interesting, as they occur in some cases of wounded nerves, as pointed out in the report of cases of this kind from America. I believe the steel was prejudicial; and infer that, in many cases of simple suspended menstruation (chlorosis) in young females, ergot of rye is a preferable remedy.

**CASE II.** *Sciatica*.—E. L., aged 21 had pain in the left hip, shooting down the back of the leg in the course of the sciatic nerve, worse at night, with thick high-colored urine, during four months. The catamenia were regular. This, being regarded as a case of rheumatic sciatica,

was treated for a week with alkalies and iodide of potassium; but, as the pain became worse, she was given, on March 3d, 1868, ten minims of extract of ergot in an ounce of water every four hours. On the 4th she stated that she slept much better: and the pain was much relieved since the previous day. On the 7th, she had no return of pain since the 4th. She said she had not been so well for four months. Her remaining debility was met by a combination of ten minims of liquor ferri sesquichloridi and six minims of liquid extract of ergot, in water.

**Remarks.** It will be observed that this patient was cured completely in four days of an illness which had caused her increasing annoyance during four months. The case illustrates also a point supported by subsequent experience; viz., that, when ergot is likely to be useful, its good effects commence immediately.

**CASE III. Tic Douloureux.**—Emma B., aged 21, was attacked on April 27th, 1868, with very severe tic of the left side of the face, affecting especially the inferior dental nerve, and extending downward to the shoulder. She had dyspepsia, but otherwise was healthy. She was ordered to take an ounce of the following every four hours.

R. Potassæ bicarbon.,	<sup>2</sup> iss.
Infusi ergotæ,	f. 3vj.
Extract. ergot. liquid.,	f. 3j. M.

On April 29th, the tic was almost gone. She complained now only of weakness. At her next visit, recovery was complete.

**CASE IV. Hemicrania.**—John Gray, aged about 35, has been repeatedly under treatment for that form of neuralgia known as brow-ague. His attacks have been cured alike by quinine and sesquioxide of iron. Sometimes they are very severe, and the treatment long continued. He was last seen in May 1868, when he had a very sharp attack of neuralgia of the right temple. He was ordered to take, every four hours, an ounce of a mixture of two drachms of liquid extract of ergot in six ounces of infusion of ergot. After taking this for two or three days, he was cured more satisfactorily and quickly than in his former attacks.

**CASE V. Tic Douloureux.**—Miss E., aged 22, was seen on June 2d, 1868. She had had tic in the left temple for two weeks, very severe at times. The tongue was foul, the secretions normal, and the general health good. A stomachic with soda and rhubarb was prescribed. On June 4th, the tongue was cleaner; but the neuralgia was unrelieved. She was ordered to take every four hours, an ounce of a mixture

containing two drachms and a half of liquid extract of ergot in eight ounces of infusion of ergot. The neuralgia was relieved immediately after commencing this treatment, and entirely left her after using it two or three days.

In one case of chronic, and one of acute sciatica, the ergot failed to relieve; but it is hoped that the very favorable result which the examples now repeated indicate to have accrued from its use may gain for the drug a more extended trial in neurotic affections; and that, shortly, sufficient data may be collected to enable one to decide with some degree of precision the class of cases in which to expect from it the marked benefit it is evidently capable of effecting in many forms of the disease.

#### A New Preparation of Lupuline.

Dr. DYC DUCKWORTH, medical tutor of St. Bartholomew's Hospital, says in the *British Medical Journal* that it is certainly remarkable that lupuline has not found a place in the new *Pharmacopæia* of Europe. It may, however, be said that it is not altogether ignored, inasmuch as it is expected to be present in the hops as ordinarily employed. It is not too much to assert, that the amount of it in different samples varies considerably; and it is certain that this peculiar powdery matter represents the active principles of the entire strobili in a concentrated form. During a recent series of pharmaceutical experiments with the powder, he was constantly struck with the remarkable valerian-like odor evolved from the different preparations; and he was interested to find, in the course of subsequent reading on the subject, that M. PERSONNE had discovered valeric acid in lupuline. In none of the *British Pharmacopæia* preparations of hop, except the extract, can it be said that the real strength of the drug is removed. The tincture made with proof spirit, which does not thoroughly exhaust the active parts of the scales of lupuline, and the watery infusion, can but inadequately represent the virtues of the medicine. He recommends the following formula. Lupuline, 2 oz.; spirit. ammon. arom., a pint. Macerate for seven days, agitating occasionally; then filter and add sufficient of the menstruum to make up to a pint. The dose of this is from twenty minims to one fluid-drachm. He proposes to call it "tinctura lupuline ammoniata." He considers this preparation of the hop as the best we at present possess. According to CHRISTISON the dose of tinctura lupuli should be from one fluid-ounce to one fluid-ounce and a half to produce any hypnotic effect; the ordinary dose consists of as

many drachms.' Dr. IVES, of New York, states that the tincture of lupulin is an effectual hypnotic in restlessness, the result of nervous irritability, and in delirium tremens. Some advantage, too, is derived from the presence of ammonia in considerable quantity, and this whether the preparation be exhibited as a hypnotic, or as a tonic combination of bitter and ammonia.

## Reviews and Book Notices.

**Correlation of the Physical and Vital Forces.**  
An Inaugural Address Introductory to the Course on Institutes of Medicine in the Jefferson Medical College, delivered Oct. 12th, 1868, by J. AITKEN MEIGS, M. D., Professor of the Institutes of Medicine and Medical Jurisprudence, etc. Published by the Class. Philadelphia: Office of the MEDICAL AND SURGICAL REPORTER, 1868. Pp. 32. Price, 25 cents.

Once or twice in a century, thousands of detached and scattered facts in the domain of science are grouped under one law, and endowed with meaning and significance by some masterly generalization which explains them all, and serves as the starting point for other and still profounder scrutiny into the mystery of the universe. Such was the generalization of NEWTON when he identified the force that draws the apple to the earth with that which suspends the worlds in empty space; such, perhaps, that which sees in the merciless struggle for individual existence, the means of developing and ennobling species; such certainly that which reduces those invisible powers which the old chemists called the imponderable elements to manifestations of one and the same primal force.

This latter is the topic of the present discourse; and rarely indeed have we seen so magnificent a scheme treated in equal space in such a masterly manner. The history of the discovery of the Correlation of Forces is carefully traced, and while the credit is not assigned exclusively to any one mind, Dr. SAMUEL METCALFE, of Kentucky, is mentioned as the one who first clearly saw the full importance of the generalization. The influence that it has since exerted, and must ever exert, not merely on abstract theories of physiology, but on the daily practice of the physician, is dwelt upon with great force. By it an entirely new phase is given to the study of organized life, and even the inorganic forces of crystallization come within the bonds of this universal law.

We observe that on page 9, the author at-

tributes to the illustrious ALEXANDER VON HUMBOLDT a belief in a vital principle, and quotes in support of this his "Aphorismi ex Doctrina Physiologiae Chemicæ Plantarum." It is true that in 1793, when this essay was published, HUMBOLDT did entertain such a belief. But it should also have been added, that in the notes which more than half a century afterwards the great physicist appended to his beautiful fable "Die Lebenskraft, oder der Rhodische Genius," he distinctly denies any *lebenskraft*, and says, "I call no longer that a 'vital principle,' which probably is only the result of the reaction of long familiar elements and their material activities."

Such an address as this is the right kind of an introductory,—infinitely better than those "trite congratulations and rhetorical displays" which usually consume the introductory hour. May its author live to give us many such.

**A Treatise on the Principles and Practice of Medicine; designed for the use of Practitioners and Students of Medicine.** By AUSTIN FLINT, M. D. Third edition, thoroughly revised. Philadelphia, 1868. H. C. LEA. 1 vol., 8vo., pp. 988. Price, cloth, \$6.00; sheep, \$7.00.

It is a sufficient testimony to the merits of Professor FLINT's Practice, that in three years it has passed through three editions. Nor is this third edition a mere reprint, but it comes to us with many and valuable additions, which make it almost a new book. They are based on the extensive clinical experience of the author, as well as on the latest contributions to medical literature. We doubt not that this will meet with a not less cordial reception than the previous editions.

### "A New Lute for the Laboratory."

A scientific journal contains a paragraph under this heading which we cannot altogether understand, for it alludes to zinc-white, fine sand, and other things not usually employed in the manufacture of musical instruments. However, as the laboratory is to have a lute, we are only too happy, as lovers of science, to present a song for the lute:—

O! come where the cyanides silently flow,  
And the carbures droop o'er the oxides below;  
Where the rays of potassium lay white on the hill,  
And the song of the silicate never is still,  
Come, O, come!  
Tumti, tum, tum!

Peroxide of soda, and urani-um!

While alcohol's liquid at thirty degrees,  
And no chemical change can affect manganese;  
While alkalies flouri-h and acids are free,  
My heart shall be constant, sweet science to thee!  
Yes, to thee!  
Fiddlum dee!

Zinc, borax, and bismuth, and HO + C.

—London *Fun.*

## Medical and Surgical Reporter.

PHILADELPHIA, NOVEMBER 7, 1868.

S. W. BUTLER, M. D., & D. G. BRINTON, M. D., *Editors.*

Medical Society and Clinical Reports, Notes and Observations, Foreign and Domestic Correspondence, News, etc. etc., of general medical interest, are respectfully solicited.

Articles of special importance, such especially as require original experimental research, analysis, or observation, will be liberally paid for.

To insure publication, articles must be *practical, brief* as possible to do justice to the subject, and *carefully prepared*, so as to require little revision.

We particularly value the practical experience of country practitioners, many of whom possess a fund of information that rightfully belongs to the profession.

## THE NEW METHOD IN METAPHYSICS.

Some years ago we heard a distinguished professor of metaphysics deliver his closing lecture on the history of speculative science. Having passed in review one system after another, from the crude dreams of the early Greeks down to the complicated but not more satisfactory theories of HEGEL, he informed us that none of these thinkers had approached the problem in the right way, and consequently none of them had solved it.

Metaphysics, he went on to say, was to be studied like other natural sciences, by experiment and observation—not *a priori*, as it has been hitherto. He did not explain himself further, leaving his hearers therefore in precisely the same foggy and uncertain mental condition that his predecessors in speculative philosophy had ever done.

But thinking often on what he said, it has seemed to us that the truth of his saying is being recognized and acted on quite widely. The exhibitions of mind are being studied in a very different spirit, and by very different means than ever before. It has been recognized that nationalities and races manifest peculiar temperaments and abilities. The cause of this is sought for in their physical structure, in the external circumstances to which they are exposed, in their material nature, in short. Anthropology no longer means anatomy merely, but man in his social and intellectual life. The sentiments which inspire our actions, the ideas which rule our lives, are not derived from some imaginary

categories, but from definite sensory impressions, visible morphological relations.

The deceptions of the senses have been analyzed by Professor LAZARUS of Berlin, with rich results, the distinguished philologist, STEINTHAL, has aimed to express clearly the peculiar traits of races with reference to their physical characters, the pathological mental states, insanity, monomania, etc., have been scrutinized so as to learn, if possible, to what physical lesion they correspond; the nerve force has been weighed and measured, the manifestations of spiritualism, animal magnetism and mesmerism, have taught us to extend the sphere of the operation of this force, and more and more closely have we learned to approximate the exhibitions of mind to the development of chemico-physical force.

Undoubtedly biological researches are constantly diminishing the mystery which has hitherto hung over mental processes, are constantly teaching us that it is equally vain to seek to explain such processes by the method of deduction as it was to explain physical phenomena by the same method. Here, as elsewhere, the Baconian system of induction must be applied to reach any sound doctrine.

The study of anatomy and physiology is now a necessary prologue to metaphysical research; and conversely, from such researches, we may expect to derive much benefit in histology and physiology, in the treatment of the insane and the idiotic.

A fear is prevalent that if speculative philosophy is reduced to these limits, it will be ever narrow, grovelling, materialistic. But Icarus must first grow his wings ere he attempts to fly to the sun, otherwise he meets with a disgraceful fall. Rightly understood, such a method by no means presupposes a coarse materialism. On the contrary, it shows us with proof as strong as Holy Writ that there exist, that there *must* exist infinite ideas, infinite intelligence, infinite Love; that Life is eternal; that the antagonism of matter and spirit, which has been the stumbling block of metaphysicians in all ages, is illusory; that as the illustrious physicist FARADAY often said in his closing years, the universe is One, from One, and in One.

## Notes and Comments.

## The Troubles of Editors.

Our brother journalist, the accomplished editor of *The Historical Magazine*, speaks thus plainly to those subscribers who expect editors to furnish lost back numbers for nothing: "those who have ears to hear, let them hear!"

"We shall know of the safe delivery of every subscriber's copy to the United States, for delivery through the mail. We cannot pretend to do more than this, and we shall not try to do so. We cannot afford to replace, *at our own cost*, those numbers of our Magazine which shall be stolen, or 'mislaid,' or given away, or lent and not returned, or soiled too badly for binding, as some appear to expect; nor shall we try to be thus generous at the expense of justice to those who look to us for 'their daily bread.'"

## Mortality of the Abyssinian Expedition.

In the Abyssinian expedition says the *Deutsche Klinik*, the English troops had 5-8 per cent. of their number sick, and 1-3 per cent. of deaths.

The death-rate among officers was 11 per cent. of the sick; among the privates 18 per cent. in the highlands, and 20 per cent. on the coast and on board the hospital ships. Three medical officers died, and three officers died from violence, one of them a suicide.

## The Ether Spray in "Popliteal Aneurism."

Dr. HENRY HARRISON reports a case of popliteal aneurism in the *Med. Times and Gazette* in the treatment of which the aether spray was applied, in addition to digital and instrumental compression. He inclines to the opinion that this had much to do with the rapid solidification of the rather large tumor.

## Ergot in the Treatment of Purpura.

Dr. BAUER, of Neutershausen, (*Deutsche Klinik*) reports great success in the treatment of purpura haemorrhagica with secale cornutum. He gives eight to ten grains three times, or oftener, daily, until haemorrhagic manifestations cease. When anaemia remains he treats it with chalybeates.

## Orders Bestowed upon Physicians.

The Emperor of Russia has conferred the St. Vladimir Order, third class, upon ROMBERG, the Nestor of German clinical medicine.

The King of Prussia has honored GOTTLIEB RÖTTGER, of Hornberg, surgeon and obstetrician, with the Royal Order of the Crown, fourth class.

## Correspondence.

## DOMESTIC.

## The Gamble Poisoning Case.

EDITORS OF THE MEDICAL AND SURG. REPORTER:

The well-intended suggestions of "Medicus" in No. 19, Vol. XIX. of the MEDICAL AND SURGICAL REPORTER, are seemingly devoid of a substantial base. Irrespective to the adverse clinical observations of Doctors VAN HOUGHTON and POLHEMUS, there is nothing in the post mortem appearances which could be construed into the pathological effects of an irritant poison.

The Gamble case is nevertheless of some considerable forensic interest, and is likely to occupy the attention of the profession for some time to come. At the present stage of the inquiry it is impossible to form an objective opinion on its merits; for the case is brought before the public, only by very fragmentary reports of the secular press, derived exclusively from the evidence adduced by the prosecution.

It would be out of place to analyze the specific motives by which the prosecuting attorney is actuated, though it is well known that an inheritance of about \$150,000 lies in the back-ground. Nor is it necessary to foreshadow the exculpatory evidence in the premises, which the able defence holds in readiness, to explode this most atrocious scheme to deprive an innocent man of life and property. All we can legitimately entertain for discussion is the character and bearing of the professional testimony thus far elicited.

The autopsy of the body of Mrs. Gamble leaves the cause of death undecided. The brain was so entirely destroyed by advanced decomposition, that it could not subserve the object for which the autopsy was undertaken. As to the condition of the lungs, Dr. SHEPPARD found them healthy but *partially* discolored by hypostasis. On this point he will be confronted by two physicians who likewise witnessed the post mortem examination, and who say that both lungs were equally and uniformly discolored, congested and edematous, exactly in that condition which so often causes the sudden death of persons addicted to the habitual use of ardent spirits.

The liver was neither enlarged, nor in a state of fatty degeneration; but Dr. SHEPPARD did not measure nor weigh the organ, and has therefore no accurate evidence on this point. On microscopic examination he found but the ordinary quantity of fat in the liver, but failed to say whether the oil globules were found in the hepatic

cells, or in the lobular interstices, which would constitute a material difference in a pathological bearing. As far as I know, the former are physiological, but the latter are always the result of a morbid process.

The heart was sound; there was no microscopical examination as to the presence of fatty degeneration of the muscular fibres. The vessels were only inspected at their insertion into the heart. Whether there were thrombi or emboli anywhere, Dr. SHEPPARD has left unexplored, though he surely is too well informed a gentleman, not to be aware that either of them are but too frequently the cause of sudden death. The kidneys were healthy and but slightly congested. But the bladder was "contracted down" and contained but an ounce or so of urine. The stomach and intestines were delivered up to Dr. DOREMUS for chemical analysis of their contents, as also a piece of the liver, the left kidney and a piece of muscle.

On the following day (August 15,) Dr. SHEPPARD, conjointly with Dr. DOREMUS, investigated the stomach and intestines, found them discolored but without any pathological change indicative of irritation or inflammation.

I can find no fault with the doings of Dr. SHEPPARD, except that he allowed himself to be prejudiced by the prosecution, and that he did not carefully search for the cause of death outside of the alleged poisoning.

Everything, therefore, rests with the chemical analysis, and Dr. DOREMUS should have been aware of the great importance attached to his evidence. Through the direct examination Dr. DOREMUS passed with great suavity and comparative ease. He had for every question a direct, positive and ready answer. The substance of his evidence amounted to this:

*First.* That he found "traces and reactions" of morphia and meconic acid in both stomach and intestines.

*Second.* That he believes Mrs. Gamble died from the poisonous effects of opium and its components.

In the moment the witness was handed over to the defence for cross-examination, the learned Doctor at once realized that he had got into a chair not quite as comfortable as the professional chair which he occupies at the Bellevue Medical College with so much grace and appreciation.

A four hours' cross-examination, occupying a part of the night, took signally away the self-assurance and scientific strength of the witness, as we shall soon show. His answers became

circumlocutory and evasive; he required explanations to make them clear; he was no physician; had no practical experience as to the anatomical and symptomatic effect of poisoning, notwithstanding his being the professor of toxicology. He was sorely in need of the protection of the court. The very same questions which he had but recently answered so positively, had at once become unintelligible to him, when the name of Mrs. Gamble was appended. In fact, the bearing of Dr. DOREMUS on this occasion was so painful and incomprehensible that it became evident he had become the victim of prejudicial influences from which an expert and a gentleman of his position should keep aloof.

I take it for granted that professional experts have no right to commit themselves one way or the other, beyond the facts submitted to their scientific interpretation.

Now allowing for the sake of argument, that Dr. DOREMUS had discovered the "traces and reactions" of morphia and meconic acid, beyond the possibility of any doubt, are his inferences that Mrs. Gamble died from opium poisoning, in keeping with those facts, or at all justifiable? did he not know that the deceased had received for medicinal purposes opium in substance, and morphia, even as late as nine hours before her death?

In his cross-examination Dr. DOREMUS admitted:

*First.* That the most powerful poisons are at the same time the most efficacious remedies.

*Secondly.* That the difference between a poison and a remedy is simply a question of quantity.

*Thirdly.* That three grains of opium, and that as much as a grain of morphia might be administered to an adult as a legitimate dose of medicine.

*Fourthly.* That he had made as yet no quantitative analysis of the contents of the stomach and intestines.

*Fifthly.* That he was unable to state how much morphia there was in those contents. That he did not know whether there was one grain, one-half, one-fourth, one-eighth part of a grain; nay, that he was uncertain as to the one-thirtieth part of a grain; and that, in fine, he could not swear that there was more than one-fiftieth part of a grain.

Had Dr. DOREMUS given an undecided answer as to the cause of death, and reserved his final opinion until the time when he had finished his analysis, and ascertained the exact or approximate quantity of morphia and meconic acid; had he taken the reactions of morphia and meconic acid, at this stage of his examination, as

merely indicative of the presence of a poisonous substance, Dr. DOREMUS would now be in accord with the rules of medical jurisprudence and toxicology, and free from all and every imputation of his evidence.

As it is, the learned professor has placed, or allowed himself to be placed in a position by no means envious, and I, for one, should not like to share its responsibilities.

I do not venture upon any opinion at all as to the cause of the death of Mrs. GAMBLE, but every well-informed practitioner must come to the conclusion that on an evidence so flippant and untenable, no man can be tried for his life and found guilty.

It is not the first time that Dr. DOREMUS has committed errors of this kind. In the SPICER case, for instance, the learned professor found, or imagined he found strychnia; whereas the autopsy revealed preexisting haemato-thorax, caused by the atheromatous and probably torn condition of the intercostal arteries.

Analytical chemistry, and more especially the analysis of vegetable poisons, are as yet in their infancy; and but rarely does analysis suffice to substantiate their presence, and requires mostly the assistance of the symptoms previous to death.

This much is clear from the medical evidence, that the deceased presented no signs whatever that could possibly be connected with the poisonous effects of opium and its components; for her chief troubles were pains in the abdomen, which would not likely ensue from poisonous doses of opium. Nor were the post mortem appearances of such a character as to accord with the effects of poisonous doses of opium and its components. Emesis, for instance, is quite common in opium poisoning, yet the stomach and intestines were filled. Constipation, hardness and dryness of the feces are common, whereas the large intestine of Mrs. GAMBLE presented semi-fluid contents.

Dr. DOREMUS presumes that opium and its components are cumulative poisons, and bases his hopes on the probability of finding large quantities of these substances in the tissues. But this is an error which by this time the distinguished gentleman will have dispelled from his mind, by reading the experiments of BOUCHARDAT, who informs us that both opium and its components pass rapidly through the system, and are discharged through the urine. The opiophages serve as the best argument on this point.

As the case stands, we have not to expect more

disclosures from the learned professor, but the trial, if the prisoner should be held at all, will furnish racy scenes which Dr. DOREMUS will not particularly relish.

I shall take pleasure in furnishing you the further developements and phases of the GAMBLE case in due time.

INFORMATUS.

**Death from Baptism by Immersion.**

EDITORS MEDICAL AND SURGICAL REPORTER:

By your permission I report the following case. At a baptism yesterday, October the 18th, in the Platte river four miles from this place, several persons were immersed, and a young man by the name of Stephens, after being immersed, but while still in the river, wiped the water from his face a few times with his hands, then threw his hands and head backward, and fell backward in the water, whereupon his friends ran quickly in and took him upon the bank, after which he gasped five times and died without a struggle. The people not knowing what to do there was little done to resuscitate him.

Two hours afterward I saw the corpse, and found his hands, arms and face cold, but there was considerable warmth in the axillæ.

Percussion elicited a good resonance over the chest except a little dulness over the lower part of the right lung. The heart was still and he was evidently dead, and I made no effort to restore life. I learned from the friends that he had never had convulsions or fits of any kind, that he had been perfectly healthy. After he had been taken upon the bank, the radial pulse was easily felt. In dying there was a little frothy mucus came out at the corners of his mouth, but there was no stertor in breathing, or contortions of the facial muscles. Now what caused this man's death? Did water enter the bronchial tubes in his efforts at inspiration in sufficient quantities to destroy life, or would not the spasmodic closure of the rima glottidis upon the contact of the water prevent this to any considerable extent? Besides, as remarked above, there was a good chest resonance under percusion, except in the lower part of the right lung. Could apoplexy or epilepsy have caused his death? The usual signs of these were absent; no stertor or convulsive movements of the muscles. Or can his death be accounted for from the physical shock upon the nervous system, causing syncope or fainting immediately after the immersion. This is the most plausible explanation that I can give, taken in connection with the disturbing influences that the small amount of water that he may have inhaled and swallowed might have had

upon his mind and body. Will you please give us an opinion on the subject? A post-mortem was not permitted. FRANCIS A. SIMMONS, M. D.

Rochester, Mo., Oct. 19, 1868.

**Presentations of Superior Extremities.**

EDITORS OF MEDICAL AND SURGICAL REPORTER:

*Case 1.* June 16th, 1868, was called to see Mrs. M. in labor with 9th child; duration 36 hours; position left dorso-sacral; membranes ruptured some twelve hours since, left hand and forearm prolapsed external to vaginal orifice; left shoulder completely filling superior strait; woman's powers considerably fagged; an aged midwife was in attendance. My first efforts were directed to returning the hand and endeavoring to bring down the head. After many ineffectual efforts in this direction I then sought the feet, hoping to effect version thereby, but the waters having been drained off so long, and the uterus being quite irritable my efforts in this direction were also futile. At 2 A. M., of the 17th., a messenger was dispatched some eight miles after Dr. H., for consultation, who arrived in due season, and upon examination our conclusions were that the child could and should be born instrumentally intact, and hence efforts were directed as heretofore. In about one hour strong uterine efforts occurred, the shoulder receding gently, the head advancing, and in this condition, aided by whatever tractile force we could render, the child was soon born, and the mother had a good getting up; to all appearances the child had been dead some two weeks. I would remark, this woman appears to be peculiarly obnoxious to bringing her children in the world crosswise, having had three labors heretofore of presentations of superior extremities.

*Case 2.* On 24th inst., was called to see Mrs. F., in labor with 8th child; has been in labor for past 12 hours; position, right dorso-sacral; membranes ruptured and waters all gone seven hours since; hand and arm protruding as formerly,—old midwife as usual in attendance,—did my very best to get the feet but failed; returned the hand several times and endeavored to bring down the head; each time the hand would be thrust out again, until after being with the case from about 5 P. M., until 2 A. M., following, I at length succeeded in elevating the shoulder and bringing down the head, and delivering the woman of a large child; viability feebly perceptible on my arrival led me too truly to render an unfavorable prognosis with regard to the safety of the child. It is thus I enter my complaint of an evil from which we suffer, and for

which I hope to see a remedy. True child-birth is a provision of nature, and the accoucheur should not substitute himself for nature, but whilst he is thus ready to let nature assist herself, he should be prompt to recognize and avert any danger that may arise. Had I had charge of these cases from the first, and been so fortunate as to detect the nature of the presentation, and turned ere the escape of the waters, a vast amount of suffering would have been saved, and my mind would have been relieved of considerable anxiety. If we are to have women obstetricians, let them be educated, otherwise I shudder at the trouble they sometimes bring.

ORAN A. RIVES, M. D.

*Frenchville, Pa., September 29th, 1868.*

**Fracture of Base of Skull. Recovery.**

EDITORS MED. AND SURG. REPORTER:

Glancing over my note-book, I noticed the following case of fracture of base of skull, with complete recovery, which may be of some interest to the numerous readers of your widely-circulated REPORTER, and add one to the few cases of this kind, resulting in recovery, that have been reported.

I was called to see a little daughter of Mr. R., aged six years, on the 24th of July, 1862, who, with some children, had been playing on the hay loft, and whilst running, fell therefrom, a height of eighteen feet, on the hard threshing floor, headforemost. She was considered lifeless when brought to the house, and the question arose, was it necessary to send for a physician, and it was finally concluded to send for me.

When I arrived at the house, 6 P. M., a distance of six miles from my office, and about one hour and a half after the accident, I found her entirely unconscious, very comatose, it being utterly impossible to arouse her; evidently suffering from concussion and compression of the brain; blood discharging from both nostrils and mouth, and a free discharge of bloody serum from the ears, but mostly from the right ear.

There was no injury to any part below the head; but it was very evident, as was noticed by those who saw the girl fall, that she had fallen headforemost, striking over the frontal bone, to the right of median line, for in this region the scalp was doughy, and although no crepitation could be detected, the parts struck were very considerably contused.

In addition, there was very great and steadily increasing ecchymosis of right eyelids. Pulse 56 in minute, and irregular; heart's action labored; respiration 25 in minute; snoring; deglu-

tition was impossible, and at first, recovery seemed almost impossible.

I immediately made efforts to bring on reaction, by means of the ordinary remedies, and was pleased to see that my efforts were succeeded by moderate reaction, which came on slowly, but surely. I then had the head shaved, and ice-water cloths applied; also applied a large blister to the nape of neck, and administered stimulating enemas. Applied sinapisms to the epigastrium, calves of legs, and feet.

8½ P. M. Pulse 90, irregular; respirations 20, regular; deglutition improving; bowels moved, and bladder emptied with aid of catheter; surface hot and dry.

10 P. M. Pulse regular, full, and hard; respiration becoming more natural; surface hot and dry; antimonial and saline mixture given at stated intervals; injected the ears and nostrils with cold water, which caused the hemorrhage to cease more or less, only a slight serous discharge remaining. Ordered the applications of cold cloths to the head, and sinapisms to extremities, to be continued, and the patient carefully watched.

July 25th, 11 A. M. Found my patient very much improved in every respect. After this, the treatment was modified to suit the exigencies of the case, from which time she continued steadily and rapidly to improve until her recovery was complete, and is at this writing a very robust and active child, and I may say, a very intelligent child of her age, which is now twelve years.

I would state that the new growth of hair on the scalp was a jet black, instead of a flaxen, as before the head was shaved, and that wonderfully little deformity of the head remained, which is now almost imperceptible.

G. W. SEIP, M. D.

Stroudsburg, Pa., Oct. 26, 1868.

## News and Miscellany.

### Suit for Malpractice.

Professor L. C. LANE has been the subject of a suit for malpractice in the Fourth District Court of California. He had operated for artificial pupil on an eye that had been injured and blinded, and in which the operation was performed as the only possible means of restoring its vision, though without any sanguine hope of success. The eye was not improved afterward, and the patient, prompted perhaps by some un-

principled advisers, thought to extort money from his physician by a suit for malpractice. The first suit, brought a year ago, was withdrawn by the prosecutor, just as the doctor was prepared and anxious to go into the trial. A second suit was instituted, other counsel being employed, and the case had a hearing before Judge SAWYER on the 27th of August. The day was occupied in examining witnesses for the prosecution, and when that was completed, and all the testimony presented which the industry and ingenuity of the plaintiff and his attorneys could accumulate, the Judge refused to permit the case to go to the jury, as there was not a particle of evidence to sustain the allegation. A more barefaced attempt to extort money under cover of a suit for malpractice can hardly be imagined. A number of physicians and irregular practitioners were called to the stand, in the hope that the prevailing propensity of medical men to differ from each other would elicit some ground on which to rest the accusation. But, for once, an exemplary disposition was exhibited by all the witnesses to be faithful to the profession, and to sustain the accused against what was manifestly an unjust prosecution. Even the irregular practitioners who were called to the stand, showed by their answers that they felt an interest in upholding the rights and reputation of the regular profession.—*California Medical and Surgical Journal.*

### The Medical Students in London this Winter.

*The British Medical Journal* gives the following list, which represents the metropolitan entries this winter of new students for a complete course of education in the medical profession, so far as it can be estimated from entirely trustworthy data. The registration of students ceased on Thursday, the 15th of October, at 4 P. M. Guy's Hospital, 90; St. Bartholomew's, 86; University, 60; King's College, 39; London, 35; St. Thomas's, 24; St. George's, 23; St. Mary's, 19; Middlesex, 14; Charing Cross, 20; Westminster, 4. St. Thomas's, the London, and St. George's Hospitals, which have each made considerable additions to their establishments during the year, may be congratulated on the improvement in the number of students who have entered. University College has also a very large entry. The total number of students is such as to lead to the belief that the considerable improvement in preliminary educational tests which is still urgently called for, would not mischievously affect the number of aspirants to practise medicine.

**A New Microscope.**

The Abbe MOIGNO, in a letter from Paris to the *Journal of the Franklin Institute* of this city, describes a novel and ingenious microscope invented by Signor MARCO CASELLI, of Rome. It consists of a magnifier, one of whose sides is silvered by precipitation with the aid of organic substances. If we place an object in front of this lens at a proper distance, we obtain a well magnified virtual image. Two convergences and one divergence contribute to produce the magnifying power: 1. The convergence of the rays entering the lens. 2. The divergence of these rays by the silver concave mirror at the back. 3. The convergence of these rays on quitting the upper surface of the lens.

The mirror-lens is placed horizontally, or slightly inclined, so as to keep at a distance the image of the object. Above it, and fastened to the same pillar, is the horizontal diaphragm on which the object is placed; this is furnished with a screw and rack-work, so as to be raised or lowered at will. Above this, at a short distance, is placed a screen of white or almost colorless card-board, at an angle of 45 degrees, and pierced exactly over the centre of the mirror-lens, with a small hole, through which the image is seen. The card also serves to reflect light on the mirror-lens, and to make the image appear on a white ground.

With this microscope, there is no need of the usual lenses, nor mirror to light up the object, since the mirror-lens itself causes the light to converge on the object.

**Carbolic Acid as a Disinfectant.**

The following is a copy of an official report by Mr. N. W. McCOX, F.R.C.S., Colonial Surgeon of Sierra Leone, to the Governor of Western Africa, on the subject of the sanitary uses of carbolic acid.

"In compliance with your Excellency's wish, that I should express my opinion on the merits of carbolic acid from my experience of its use in the large colonial hospital here under my charge, I have pleasure in stating that I have every reason to speak highly in its favor.

"I have had it used very extensively: 1, as a disinfectant and deodorizer; 2, as an antiseptic dressing for wounds and foul sloughing and phagedenic ulcers; 3, as a stimulating dressing for weak, unhealthy sores. Its disinfectant and deodorizing properties are undoubted. I have it used in the form of liquid and powder; the former for the closets and urinals, etc.; and the latter, on the floor of the wards, the dead-house,

etc. There is nothing disagreeable to my senses in the odor, particularly in the use of the powder. As an antiseptic dressing for foul ulcers, I have especial opportunities of testing its value in the treatment of the many cases of leprosy that are received into the hospital; and I have found it far superior to any application I have ever seen used as an antiseptic dressing. Some cases, absolutely unapproachable from the stench, have, on one or two dressings, become free from repulsive smell. It diminishes the secretion of pus in suppurating wounds; and its solution in oil, in the proportion of one to eight or ten, forms a good dressing for weak granulating ulcers.

"The British settlements on the Coast of Africa are mostly situated at the estuaries of rivers, where, from the proximity of fresh or brackish water and the great heat of the climate, insect life is most prolific, rendering the existence of Europeans almost unbearable, especially at certain seasons. Carbolic acid is found to be a preventive to the attack of insects: and I have it, from the highest authority in the colony, that sponging the skin with a weak solution is an effectual safeguard, and an Englishman may thereby be enabled to repose in comfort, without being subjected to that unsupportable pest of tropical climates, the attack of the sleepless, ever voracious mosquito."—*Brit. Med. Jour.*

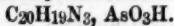
**Poisonous Dye Stuffs.**

We recently called attention to the poisonous dye stuffs now employed, especially to produce shades of red.

The following note in the *British Medical Journal*, is from Professor WANKLYN, of the London Institution. It indicates clearly enough the source of skin-poisoning in magenta-colored socks.

"It is generally known that some of the old crude magenta cake and liquor which was in the market some few years ago, shortly after the first bringing out of the dye, was largely contaminated with arsenic. But it is not generally known, even to chemists, that much of the beautifully crystallized magenta used to consist of arseniate of roseine, being not, properly speaking, contaminated with arsenic, but actually consisting of an arseniated compound. In the early part of 1863, (assisted by Mr. ROBINSON, who was my assistant at that time,) I made an examination of the beautifully crystallized magenta which was being manufactured in one of the largest coal-tar color works in Europe, and found it to be arseniate of roseine, apparently chemically pure. The following is a comparison between the calculated

numbers for pure arseniate of roseine and those actually found on making a combustion.



	Theory.	Found.
C <sub>20</sub>	240	56.47
H <sub>20</sub>	20	4.70
N <sub>3</sub>	42	
As	75	
O <sub>3</sub>	48	
	425	100.00

"Both the nitrogen and the arsenic were determined; and though the numbers given were not by any means accurate, were still quite near enough to confirm the formulas,  $\text{C}_{20}\text{H}_{19}\text{N}_3, \text{AsO}_3\text{H}$ .

Since 1863, there have been great changes in the mode of purifying magenta; and I hardly think that this pure arseniate of roseine would be found largely to-day. Still it would be rash to assert that this kind of magenta has entirely disappeared from the market. But, be this as it may, there is reason to fear that most of the magenta, and also all those common blues and violets which are made from it, are more or less contaminated with arsenic. To mend the matter, it is not generally known to chemists, but is nevertheless quite true, that the mere detection of arsenic in aniline colors is not always easy—even when large quantities of arsenic are present; the aniline colors having the property of masking the presence of arsenic to a very large extent."

#### Big Babies.

The Report on Obstetrics of the Illinois State Medical Society contains the following startling statistics:

"The past year has not been remarkably prolific in the number of children born, but some of them were extraordinarily developed. For big babies, Quincy and Bloomington bear off the palm. Dr. M. J. Röschlaub, of Quincy, reports six male children, whose average weight at birth was  $13\frac{1}{2}$  pounds, the largest one weighing  $17\frac{1}{2}$ , and the smallest one 12 pounds. Dr. BAL-  
LARD, of Bloomington, reports one male child of 12 pounds.

"These certainly are extraordinary figures, for which your Committee are unable to account, except upon general principles. It must be conceded that this is a fast age; men and women in this country eat faster, travel faster, work faster, and grow faster than they used to, and why should not babies quicken their speed a little, in order to occupy the place of the little girls and

boys of last year, who have become young ladies and young gentlemen of this year? Or, it may be that our Western mothers are only keeping pace with the rapid and extraordinary development in the great West. Our wide-spread and deep-soiled prairies, all must admit, produce larger corn, and more of it, than States further east are capable of doing. No one need now be surprised at anything in the great West, especially at large babies in Illinois; for we can feed, take care of, and raise more of them than any other State of equal population on the globe.

"But, aside from all humor, your reporter has been impressed for some time with the belief that children in this country are larger than statistics show them to be in the various States of Europe; and it is not certain that they are not larger in the Western States of this Union than in those further east.

"The whole number of births reported to your Committee, as having occurred in the State the past year, is 653—a small amount in proportion to the whole number occurring in the State, had they been reported; but small as it is, it has statistical value. Four of these children weighed 12 pounds each, two 14, and one  $17\frac{1}{2}$  pounds. These are all larger than any reported by CAZEAUX in 3000 labors; four as large, and three larger than any reported by Madame LACHAPELLE, who superintended the delivery of 4000 at *La Maternité*; three of these larger than any ever witnessed by Professors MEIGS or HODGE, whose opportunities for observation were exceedingly ample. The largest child above mentioned, weighing  $17\frac{1}{2}$  pounds, was born at the end of four hours' labor, without instrumental or other interference.

#### The Atlantic Monthly on Lettres de Cachet.

The following, from Dr. GIBBONS, editor of the *Pacific Medical and Surgical Journal*, escaped our notice until now. It is worth reproducing:

"The *Atlantic Monthly* has occasionally done good service by the publication of articles tending to popularize medical knowledge. But the May number contains a paper styled, "*A Modern Lettre de Cachet*," the general drift of which is to foster error and prejudice, and to poison the popular mind against all existing institutions for the reception of insane patients. The writer's statements are founded mainly on the case of Hinchman *vs.* Richie *et al.*, which was tried in Philadelphia twenty years ago. We were present at that trial, and we can aver that it is difficult to imagine an account of it more maliciously

false than that given by the writer in the *Atlantic*. Hinchman was confined in the Frankford Asylum as a subject of mental derangement, and after his release, brought an action for damages against the physicians and managers of the asylum and all his relatives who had instigated the measure. His wife, his sister, and even his mother, were involved in the prosecution. The only relative who sided with him was an uncle, who had never been conspicuous as his friend until this opportunity offered to back him up in the suit against his family. The defendants in the case are represented by the writer as conspirators, moved by the design to rob him of his property, and their character blackened to the utmost. We are reminded by the reproduction of this case, of an incident which occurred during the trial, and which may throw some light on the authorship of the article under notice. In the examination of one of the managers of the asylum, the principal attorney for the prosecution elicited an account of the manner in which patients were admitted. It appeared that the certificate of the examining physician was accepted as proof of the propriety of admission. The counsel, who was well known to a large circle of tradesmen as a skilful financier, said to the manager, 'Then you would admit me as a lunatic patient, if the doctor's certificate was presented to you?' 'I would,' was the cool reply, 'provided you gave bonds for the payment of your board.' Such an insult might well be remembered twenty years. We are not much surprised at the writing of the article in the *Monthly*. Resentment and malice may account for it; or the pen of an unprincipled hireling may have been employed; or it may have come from some shrewd, half-cured lunatic, such as the escaped patient who raised money by lecturing on phrenology in distant parts, and then returned to the Pennsylvania Hospital for the purpose of shooting Dr. KIRKBRIDE, and who did shoot him—through the hat as it happened luckily. It is not the *writing* of the article that surprises us, but its publication in a magazine of respectable standing. It would be difficult to find among the citizens of Philadelphia, men more honest, more conscientious, and more philanthropic than those whom the conductors of the *Atlantic Monthly* have allowed themselves to defame and vilify. As to the statements made in regard to other cases by the writer of the offensive article, these *may be* true; but they come under the rule which authorizes us to call in question every assertion made by one who stands convicted of falsehood.

#### Lactation by a Woman Sixty Years Old.

Dr. W. A. GILLESPIE, of Virginia, records in the *Boston Medical and Surgical Journal*, the case of a widow lady, aged about sixty, whose daughter having died, leaving a child two months old, took the child and tried to raise it by feeding. The child's bowels became deranged, and being unable to procure a nurse, and her breasts being large and full, he advised her to apply the child, in hopes milk would come. She followed his advice perseveringly, and to her astonishment, a plentiful secretion of milk was the result, with which she nourished the child, which afterward became strong and healthy.

#### Spirograph.

We learn from the *Lancet*, that Dr. DAVID C. MCVAIL, of Northumberland, has constructed an instrument which, as he claims, will record the respiratory movements accurately, and can be applied easily to any portion of the chest or abdomen.

#### Forced Medical Attendance in Prussia.

A petition against forced medical attendance has been presented to the Reichstag. It was signed by two hundred and fifty-nine physicians of Berlin, and subsequently four hundred and forty-six signatures were sent from provincial towns.

## Army and Navy News.

#### Navy News.

List of changes etc., in the Medical Corps of the Navy during the week ending October 31st, 1868.

Surgeon John Rudenstein, ordered to the Naval Hospital, Pensacola, Fla.

Acting Past-Assistant Surgeon N. L. Campbell, detached from the Naval Hospital, Pensacola, and await orders.

Past-Assistant Surgeon G. S. Franklin, detached from Receiving Ship "Ohio," and ordered to the U. S. S. Nipsic.

Past-Assistant Surgeon F. M. Dearborn, detached from the Naval Academy, and ordered to the Rec'g Ship "Ohio," at Boston, Mass.

Past-Assistant Surgeon Geo. H. Cook, ordered to the Naval Academy.

Assistant Surgeon Robt. Redington, resigned.

Assistant Surgeon H. N. Beaumont, promoted to Past-Assistant Surgeon.

Dr. Henry Stewart appointed an Assistant Surgeon.

